U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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3. Name and address of person filing.

Name Show I Kumbal S

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Name OPCM LOCAL 34

01/01/04 Through: 12/31/2004

	Labor Organization File Number 034 739
P.O. Box, Bldg., Room No., if any RD & BOX405-0	P.O. Box, Building and Room Number, if any 105
Street	Street MUDDY CREEK
City COLL (FRS'	City MIDOLE BOURNE
State W U ZIP Code + 4 & 6 0 35	State WU ZIP Code + 4 36/49
5. Position in labor organization. PRESIDENT	
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclus	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name AA	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	0
Signa	ture
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect)	on documents) has been examined by the cignatory and ic to the best of the
signed Edward FKMHall Sh	On 7-12-05 304-797-13 91 Date Telephone Number

Name of Person Filing	****		File Number U-	
B. Held an interest in or derived income of substantial part of which consists of buying of an employer whose employees your late (2) any part of which consists of buying fred dealing with your labor organization or with the consists of the consists of buying fred the consists	ig from, selling or leasing to, or othen bor organization represents or is acti om or selling or leasing directly or inc	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s	and the second s
8. Name and address of Business (includin	g trade name, if any).	9. Business deals with:		
Name MA				
Trade Name, if any:		a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any		b. Trust		
Street		c. Employer		
City				
State	ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or e	mployer's name.	11.a. Nature of such deali	ng.	······································
Name WA	era en la calendaria. En la calendaria de la c			
Trade Name, if any:		:		
P.O. Box, Bidg., Room No., if any		1/1		
Street		11.b. Approximate dollar valu	of such double	
City		12.a. Nature of interest held	(A STANDARD CONTRACTOR OF A STANDARD CONTRACTO	-
State	ZIP Code + 4	NA		ya

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			er (de Milit Barkhon - 18, 17 de) - 4, 13 de 1, 14 de 1, 15 de 1, 16 de 1	
		12.b. Amount.		
C. Received from any employer (other or from any labor relations consultant to a	er than an employer covered under on employer any payment of money o	parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Lat (including trade name, if any).	por Relations Consultant	14.a. Nature of payment.		
Name // A		NA		
Trade Name, if any:		•		;
P.O. Box, Bldg., Room No., if any				1
Street				
City				:
State	ZIP Code + 4			
		14.b. Amount of payment.		

13.b. Is the Business an Employer

or Consultant

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